

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: IMPLANTABLE MEDICAL DEVICE AND  
METHOD FOR IN SITU SELECTIVE  
MODULATION OF AGENT DELIVERY

Attorney Docket Number:: 032304-114

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: F.  
Family Name:: Shanley  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 401 Camberly Way  
City of Mailing Address:: Redwood City  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94061

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Theodore  
Middle Name:: L.  
Family Name:: Parker  
Name Suffix::  
City of Residence:: Danville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 634 Dunhill Drive

City of Mailing Address:: Danville  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing  
Address:: 94506

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (650) 622-2300  
Fax Number: (650) 622-2499

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
Claims priority to	Provisional Application No.	60/458,906	3/28/04

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

Assignee Name:: Conor Medsystems, Inc.  
Street of Mailing Address:: 1003 Hamilton Court  
City of Mailing Address:: Menlo Park  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94025

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